

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**  
**5400 Broad River Road**  
**Columbia, South Carolina 29212-3540**  
**(803) 896-7150**

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**MEDICAL HISTORY, EXAMINATION, AND FITNESS FOR TRAINING**

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**TO THE EMPLOYER:**

This form is inappropriate for use as a pre-offer inquiry under existing State and Federal law. THIS FORM SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT IS MADE. Once a conditional offer of employment is made, you may use this form and the accompanying medical examination to determine if the applicant can perform the essential functions necessary to successfully complete training at the Criminal Justice Academy. All inquiries should focus on the applicant's ability to perform the position being sought, not focus on any perceived physical or mental disability which would exclude the applicant.

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**REPORT OF EXAMINATION**  
**To be on file at the Academy**

**TO THE CANDIDATE:** All information MUST be completed. Please type or print legibly and provide to your examining physician. Attach additional sheets/documentation as necessary.

By my signature, I certify that there are no willful misrepresentations, omissions or falsifications in my answers below and the answers given are true to the best of my knowledge and belief. Any falsification, withholding or failure to answer all questions completely and accurately may disqualify me from receiving training and/or certification as a law enforcement officer. I understand this information will be used to determine whether I am medically capable of performing the essential functions and physical demands of the training at the South Carolina Criminal Justice Academy. **Medical information regarding my ability to perform these functions and demands will be made available to the South Carolina Criminal Justice Academy and I do, hereby, waive any privacy rights I may have under HIPAA (110 Stat. 1936) with regard to this examination and any medical treatment I may need during my period of training at the South Carolina Criminal Justice Academy.**

Candidate's Signature \_\_\_\_\_ Date: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_

CANDIDATE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

CANDIDATE'S EMPLOYING LAW ENFORCEMENT AGENCY: \_\_\_\_\_

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CANDIDATE'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ CANDIDATE'S AGE: \_\_\_\_

CANDIDATE'S HOME ADDRESS: \_\_\_\_\_

CANDIDATE'S HOME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER FOR EMERGENCY CONTACT: (\_\_\_\_) \_\_\_\_-\_\_\_\_

1. Do you have or have you ever had:

	YES	NO
Measles	_____	_____
Bronchitis	_____	_____
Mumps	_____	_____
Chickenpox	_____	_____
Polio	_____	_____
Seizures	_____	_____
Pneumonia	_____	_____
Tuberculosis (TB)	_____	_____
Cancer	_____	_____
Diabetes	_____	_____
Blood Problems	_____	_____
High Blood Pressure	_____	_____*
Heart Problems	_____	_____t
Kidney Problems	_____	_____
Ulcers	_____	_____
Arthritis	_____	_____
Hernia	_____	_____
Skin Problems	_____	_____
Back Problems	_____	_____
Asthma	_____	_____
Hemorrhoids	_____	_____
Mental Illness	_____	_____
Hepatitis	_____	_____
Lung Problems	_____	_____
Surgery	_____	_____**
Significant Injury	_____	_____tt
High Cholesterol or	_____	_____
High Triglycerides	_____	_____***
Diabetic	_____	_____ttt

2. Are you allergic to any medicines, food or other substances? \_\_\_\_\_

\_\_\_\_\_

3. Do you use:

	Yes/No/ How Much?/ In Past?
Cigarettes	_____
Cigars	_____
Alcohol	_____
Drugs	_____

4. List all medications you take regularly:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Family History: Have your mother, father, sister or brother had the following:

	YES	NO
Diabetes	_____	_____
Tuberculosis (TB)	_____	_____
High Blood Pressure	_____	_____
Heart Disease	_____	_____
Cancer	_____	_____
Stroke	_____	_____

\* & t – Please complete explanations on next page

\*High Blood Pressure – If Yes, Explain: \_\_\_\_\_  
Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_  
Date symptoms began: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

<sup>t</sup>Heart Problems – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
Date heart problems began: \_\_\_\_\_ Current Medications: \_\_\_\_\_

\*\*Surgery – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
Date of Surgery: \_\_\_\_\_ Date Released from Dr.: \_\_\_\_\_

<sup>u</sup>Significant Injury – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Date Released from Dr.: \_\_\_\_\_

\*\*\*High Cholesterol or High Triglycerides – If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

<sup>ttt</sup>Diabetic – If Yes, Type 1 OR Type 2  
Explain: \_\_\_\_\_

6. Current Occupation: \_\_\_\_\_

7. Job you have held longest: \_\_\_\_\_

8. Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? YES NO If Yes, Explain: \_\_\_\_\_

9. Have you ever been unable to hold a job because of medical reasons? YES NO  
If Yes, Explain: \_\_\_\_\_

10. Have you ever received Workers' Compensation? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date of injury: \_\_\_\_\_ Date Released by Dr.: \_\_\_\_\_

11. Have you lost time from work for medical reasons in the past five years? YES NO  
If Yes, Explain: \_\_\_\_\_

12. Have you ever suffered a back or pelvis injury? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date of injury: \_\_\_\_\_ Date Released by Dr.: \_\_\_\_\_

13. Have you ever been injured in an automobile accident? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date of Accident:\_\_\_\_\_ Date Released by Dr.:\_\_\_\_\_
14. Have you ever been injured in an industrial accident? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date of injury:\_\_\_\_\_ Date Released by Dr.:\_\_\_\_\_
15. Do you have any medical disability? YES NO  
If Yes, Explain: \_\_\_\_\_  
Dates of disability:\_\_\_\_\_ Date Released by Dr.:\_\_\_\_\_
16. Have you ever experienced an injury to any bones or joints? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date of injury:\_\_\_\_\_ Date Released by Dr.:\_\_\_\_\_
17. Have you ever experienced any shortness of breath? YES NO  
If Yes, Explain: \_\_\_\_\_
18. Do you have any respiratory disorders (Asthma, etc...)? YES NO  
If Yes, Explain: \_\_\_\_\_  
Date began:\_\_\_\_\_ Medications:\_\_\_\_\_
19. Do you have any allergies (Drug, Food, Insects, etc...)? YES NO  
If Yes, List: \_\_\_\_\_
20. Are you pregnant? YES NO

**If Yes, please complete the following. An additional Medical Release will be required to be completed by your ObGyn. (Contact 803 896-7800 for this Medical Release):**

- (a) What trimester are you in? \_\_\_\_\_
- (b) What is your due date? \_\_\_\_\_
- (c) **OB/GYN PHYSICIAN'S NAME:** \_\_\_\_\_
- (d) **OB/GYN PHYSICIAN'S PHONE:** \_\_\_\_\_

21. Have you had any surgery during the past 12 months? YES NO

If Yes, Explain \_\_\_\_\_

\_\_\_\_\_  
Date of surgery: \_\_\_\_\_ Date Released by Dr.: \_\_\_\_\_

22. Are you presently involved in an exercise program? YES NO

If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_  
If No, when was the last time you were involved in an exercise program and what did that exercise program entail? \_\_\_\_\_

\_\_\_\_\_

23. How do you rate your overall health?

Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **TO THE PHYSICIAN:**

All information **MUST** be completed. Please type or print legibly and return to the Law Enforcement Candidate and/or the Employing Law Enforcement Agency. Attach additional sheets/documentation as necessary.

It is the primary consideration of the South Carolina Criminal Justice Academy to safeguard the health and well-being of all candidates participating in our training. **Therefore, all candidates for training at the South Carolina Criminal Justice Academy should be free of any medical, mental, psychological, or other conditions which may interfere with his/her ability to safely participate in and successfully perform law enforcement activities.** Below is a listing of program curriculum and proficiency performance areas for Physician review and consideration in conjunction with the Physician's knowledge regarding the candidate's past and current medical condition. The program curriculum and proficiency performance areas include, but are not limited to:

- Complete formation runs of various distances up to 5.0 miles in length in a timely manner, without stopping (Class 1 Law Enforcement Officer)
- Participate in 90 minute long physical training sessions designed to increase strength and endurance (Class 1 Law Enforcement Officer)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather
- Climb, crawl, wrestle, jump, lift and drag heavy weights
- Visually distinguish targets on a firing range at distances of up to 75 yards
- Safely operate a motor vehicle at various speeds, including very high speeds, and under varying conditions, including with police lights and sirens activated (Class 1 Law Enforcement Officer)
- Tolerate loud noises (sudden and sustained) to include sirens, weapons firing, and other percussions
- Safely handle various types of weapons, including, but not limited to firearms, tazers, OC Spray (Pepper Spray), Impact Weapons (Asp, Baton, etc...). This includes being able to independently hold and fire a firearm with either hand (fire one handed).
- Tolerate the psychological stresses of law enforcement work, including working swing shifts, observing and assisting with traumatic incidents (deciding to discharge weapon in protection of self or others; responding to serious crimes in progress; responding to child abuse cases; death and dismemberment scenes; and other acts of extreme malice, etc...), work long hours without the possibility of relief (emergency situations, etc...), and high stress incidents (active shooter incidents, etc...)
- Participate in physically rigorous defensive tactics training including, but not limited to:
  - 1) joint manipulation
  - 2) handcuffing (hands extended behind back)
  - 3) take down techniques (prone position flat on stomach)
  - 4) kicks and strikes utilizing padded bags for protection
  - 5) bending at the waist
  - 6) Kneel on knees (together and individually) unsupported
- Complete a physical agility assessment course, including, but not limited to: running up and down stairs, jumping through an open window, and dragging a 170 lbs dead weight bag (Class 1 Law Enforcement Officer)
- Physical activity and engagements in scenario based training sessions
- Tolerate exposure to various gas/chemical elements (Pepper Spray, OC Spray, Tear Gas, etc...)
- Sit in a desk chair for up to ten (10) hours at a time
- Sustain this level of functioning for 12-14 hours per day for at least 5 days per week

**PHYSICIAN'S NAME:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_

**PHYSICIAN'S PHONE:** \_\_\_\_\_

**PATIENT/CANDIDATE'S NAME:** \_\_\_\_\_

**PATIENT/CANDIDATE'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Pulse \_\_\_\_\_

Visual Acuity R \_\_\_\_\_ L \_\_\_\_\_ Without correction

R \_\_\_\_\_ L \_\_\_\_\_ With correction

Color Vision \_\_\_\_\_

	Normal	Abnormal	Explanation
Eyes	_____	_____	_____
Ears	_____	_____	_____
Hearing	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Mouth	_____	_____	_____
Neck	_____	_____	_____
Chest/Lungs	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitourinary	_____	_____	_____
Back	_____	_____	_____
Extremities			
Upper	_____	_____	_____
Lower	_____	_____	_____
Neurologic	_____	_____	_____
Psychological	_____	_____	_____
Skin	_____	_____	_____

TB Skin Test \_\_\_\_\_ TB Results & Date Read: \_\_\_\_\_  
(or attach copy of Results)

U.A.      pH      s.g.      Chemistry \_\_\_\_\_

The medical history and physical examination results for this Candidate are on file in the Physician's office at the above address and will be made available to the Criminal Justice Academy in full upon request. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation and/or treatment. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

**ATTESTATION:**

**I have reviewed the activities that this candidate for law enforcement training will be required to participate in during his/her training at the South Carolina Criminal Justice Academy.**

**I, the below named Physician, have conducted a complete physical examination of this candidate and attest that the candidate (please check one):**

**(\_\_\_\_) is medically suitable for training at the SC Criminal Justice Academy, or**

**(\_\_\_\_) is NOT medically suitable for training at the SC Criminal Justice Academy**

**for the following reasons:**\_\_\_\_\_

\_\_\_\_\_

**Date:**\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

**Date:**\_\_\_\_\_

\_\_\_\_\_  
**Candidate's Signature**

**NOTE:** All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must also sign and date this page.



**TO THE CANDIDATE:** This section is to remain blank until you report to the South Carolina Criminal Justice Academy for training.

**ATTESTATION:** I have reviewed this Medical History, Examination, and Fitness for Training form and hereby attest that answers I provided are **STILL** true to the best of my knowledge. I further attest that I have fully disclosed my medical history and current physical condition through this form.

**Additionally, I agree to inform the staff of the South Carolina Criminal Justice Academy as soon as is reasonably possible if I become aware any of the information I have provided through this form has changed or is untrue.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Candidate's Signature